

**TOWNSHIP TRUSTEES' BULLETIN
and Uniform Compliance Guidelines**

Volume 234, Page 1

August 1996

ITEMS TO REMEMBER

SEPTEMBER

- September 2: Legal Holiday - Labor Day (IC 1-1-9-1)
- September 16: Last day to file budgets with County Auditor at least two (2) days prior to the first meeting of the County Board of Tax Adjustment if applicable. (IC 6-1.1-17-5)
- September 18: Meeting of County Board of Tax Adjustment. (IC 6-1.1-29-4) Each County Board of Tax Adjustment, if applicable, shall hold its first meeting of each year on September 18th or on the first business day after September 18th if September 18th is not a business day.
- September: All local investment officers shall reconcile at least monthly the balance of public funds as disclosed by the records of the local officers, with the balance statements provided by the respective depositories. IC 5-13-6-1.

OCTOBER

- October 1: On or before this date all duties of the County Board of Tax Adjustment must be completed, except for a consolidated city or county. (IC 6-1.1-17-9)
- Last date to file appeals for an excessive tax levy. (IC 6-1.1-18.5-12)
- As soon as the budgets, tax rates, and tax levies are approved or modified by the county board of tax adjustment, the county auditor shall within fifteen (15) days prepare a notice of the tax rates to be charged on each one hundred dollars (\$100) of assessed valuation for the various funds in each taxing district. The notice shall also inform the taxpayers of the manner in which they may initiate an appeal of the county board's action.

**TOWNSHIP TRUSTEES' BULLETIN
and Uniform Compliance Guidelines**

Volume 234, Page 2

August 1996

ITEMS TO REMEMBER

(Continued)

- October 14: Legal Holiday - Columbus Day (IC 1-1-9-1)
- October 15: Last day to make pension report and payment for third quarter by townships participating in PERF.
- October 31: Last day to file quarterly report for third quarter to Internal Revenue Service.
- October: All local investment officers shall reconcile at least monthly the balance of public funds as disclosed by the records of the local officers, with the balance statements provided by the respective depositories. (IC 5-13-6-1)

NOVEMBER

- November 5: Legal Holiday - Election Day (IC 1-1-9-1)
- November 11: Legal Holiday - Veterans' Day (IC 1-1-9-1)
- November 28: Legal Holiday - Thanksgiving Day (IC 1-1-9-1)
- November 30: On or before June 1 and December 1 of each year (or more frequently if the County Legislative Body adopts an ordinance requiring additional certifications) the Trustee shall certify a list of the names and addresses of each person who has money due from the township to the County Treasurer. (IC 6-1.1-22-14)
- November: All local investment officers shall reconcile at least monthly the balance of public funds as disclosed by the records of the local officers, with the balance statements provided by the respective depositories. (IC 5-13-6-1)

STATE BOARD OF ACCOUNTS CALLED MEETING

Once again the State Board of Accounts anticipates (in accordance with IC 5-11-14-1) calling a meeting of all Township Trustees in conjunction with the Township Convention November 21 through November 23, 1996 in Indianapolis. Many items pertaining to our audits of townships will be discussed at our meeting on Thursday, November 21, 1996. Please make plans to attend the meeting and the Township Convention.

**TOWNSHIP TRUSTEES' BULLETIN
and Uniform Compliance Guidelines**

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August 1996

FIXED ASSET FORM

The General Fixed Asset Account Group Form 369 has been prescribed, to provide for inventorying and tracking of fixed assets.

Only townships which own firefighting equipment, park equipment and those which have a population of at least 20,000 (twenty thousand) are presently required to maintain Form 369. Use of the form for all other townships is optional.

Details concerning usage of Form 369 will be discussed at the Township Meeting in November.

Federal and accounting requirements exist for accounting for fixed assets. General Form 369 should be in use by December 31, 1996.

FORM APPROVAL PROCESS UPDATE

We have further simplified the form approval process as stated in the Township Trustee's Bulletin, Volume 233, June 1996.

We will add to our list of printing suppliers, the name and address of any software vendor that desires to be listed. Consequently, those vendors will be made aware of any form changes required and be able to implement the provisions of item 11.

TOWNSHIP POOR RELIEF FORMS

The PR-1, Application for Township Assistance and the PR-1A Notice of Poor Relief Action Form have been revised to comply with Public Law 51, 1996. We have also prescribed a new form, the Application for Additional or Continuing Township Assistance Form PR-1B to comply with Public Law 51, 1996. The forms have been sent to all public printing suppliers. (Copies are attached)

**TOWNSHIP TRUSTEES' BULLETIN
and Uniform Compliance Guidelines**

Volume 234, Page 4

August 1996

July 31, 1996

TO: Township Trustees and all Printers

FROM: State Board of Accounts

SUBJECT: Revised Form PR-1, Application for Township Assistance; PR-1A, Notice of Poor Relief Action;
New Prescribed Form PR-1B, Application for Additional or Continuing Township Assistance

PR-1, APPLICATION FOR TOWNSHIP ASSISTANCE

The form is to be revised in accordance with the information on the enclosed copy. The form is to be printed in booklet form ten page, size 11 x 17 folded to 11 x 8 1/2 on substance 20 white bond paper. The form is numbered pages 1 through 10. Saddle stitch two wires.

PR-1A, NOTICE OF POOR RELIEF ACTION

The form is to be printed two sides, as per the copy enclosed, size 8 1/2 x 11, substance 20 white bond paper.

PR-1B, APPLICATION FOR ADDITIONAL OR CONTINUING TOWNSHIP ASSISTANCE

The form is to be printed two sides, as per the copy enclosed, size 8 1/2 x 11, substance 20 white bond paper.

The forms have been revised and prescribed to comply with Public Law 51, 1996. The forms should be ordered by all township trustees and placed in use at the earliest date. When available from the printers, township trustees are to discontinue the use of the previously prescribed Form PR-1 and PR-1A.

Very truly yours,

Donald L. Euratte, C.P.A.
State Examiner

CWN/MAF/sae
Enclosures

Application for Township Assistance

| | | | |
|-----------------------------|----------------------------|--|-----------------|
| PHONE NUMBER () - | APPLICATION DATE / / | APPLICATION TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM | CASE NUMBER |
| AREA ### #### | MM DD YY | HH MM (total:) | office use only |

| | | | | |
|--|-------|----|-------------------|---------------|
| Applicant's Full Name | | | Social Security # | Date of Birth |
| <input type="checkbox"/> male <input type="checkbox"/> female | | | — — | / / |
| LAST | FIRST | MI | optional | MM DD YY |

| | | | | |
|--|-------|----|-------------------|---------------|
| Other Adult's Full Name | | | Social Security # | Date of Birth |
| <input type="checkbox"/> male <input type="checkbox"/> female | | | — — | / / |
| LAST | FIRST | MI | optional | MM DD YY |

| | | | | |
|--|-------|----|-------------------|---------------|
| Other Adult's Full Name | | | Social Security # | Date of Birth |
| <input type="checkbox"/> male <input type="checkbox"/> female | | | | / / |
| LAST | FIRST | MI | optional | MM DD YY |

| | | | | |
|---------------------------|--------|-------------|-----|-----------------------------|
| Current Address | | | | _____ Months _____ Years |
| Street Address / P.O. Box | Apt. # | City, State | Zip | How Long |

| | | | | |
|---------------------------|--------|-------------|-----|-----------------------------|
| Previous Address | | | | _____ Months _____ Years |
| Street Address / P.O. Box | Apt. # | City, State | Zip | How Long |

| QUESTION | APPLICANT | OTHER ADULT | OTHER ADULT |
|------------------------------|--|--|--|
| What is your housing status? | <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other | <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other | <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other |
| _____ | | | |
| What is your marital status? | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed |

This office does not discriminate on the basis of race, color, national origin, sex religion, age or handicap status. Anyone needing special aid, readers, or interpreters, please notify us in advance at least 48 hours.

☒Page 2

Total adults in the household: _____ Total children in the household: _____
 Total of ALL persons living in the household: _____
 Total GROSS income received in the household last 30 days: \$ _____

Does anyone live in this household temporarily or occasionally? YES NO

If YES, who and how often: _____

List all motorized vehicles owned by ANY person in this household:

Type: _____ (Car/Truck/Boat/Motorcycle) Year: _____ Make: _____
 Type: _____ (Car/Truck/Boat/Motorcycle) Year: _____ Make: _____
 Type: _____ (Car/Truck/Boat/Motorcycle) Year: _____ Make: _____

| QUESTION | APPLICANT | OTHER ADULT | OTHER ADULT |
|----------|-----------|-------------|-------------|
|----------|-----------|-------------|-------------|

| | name: _____ | name: _____ | name: _____ |
|------------------------------------|---|---|---|
| What is your income status? | <input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income | <input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income | <input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income |

| | | | |
|--|--|--|--|
| What is your employment status? | <input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work | <input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work | <input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work |
|--|--|--|--|

* answers require
 explanation below

*

Other Financial Information

| | Applicant | | Other Adult | | Other Adult | |
|--|-----------|----|-------------|----|-------------|----|
| Do you have life insurance? | Yes | No | Yes | No | Yes | No |
| Do you have another type of insurance? | Yes | No | Yes | No | Yes | No |
| Do you have any investment holdings? (Stocks, Bonds, CD's, IRA's) | Yes | No | Yes | No | Yes | No |
| Do you have any cash on hand? | Yes | No | Yes | No | Yes | No |
| If YES, give amount | \$ _____ | | \$ _____ | | \$ _____ | |
| Do you have a checking account? | Yes | No | Yes | No | Yes | No |
| Do you have a savings account? | Yes | No | Yes | No | Yes | No |
| If YES, give name of each bank & current balance | | | | | | |
| Does anyone in the household have any claims, including lawsuits, against a person, insurance company, employer, or government agency from which you (they) expect to receive a recovery (money)? | YES NO | | YES NO | | YES NO | |
| If yes, explain: _____ | | | | | | |

PROPERTY OWNERSHIP

| | Applicant | Other Adult | Other Adult |
|---|------------------|---|--------------------|
| | YES NO | YES NO | YES NO |
| Do you own any property? | | | |
| If YES, show address: _____ | | | |
| Show name of mortgage company: _____ | | | |
| Shown amount of mortgage payment: _____ | | | |
| Show number of years owned: _____ | | Approximate market value of home: _____ | |

RENTAL HISTORY

Number of adults on the lease: _____ Co-lessee's name (if any): _____

Show name of apartment complex or landlord: _____

Address of complex or landlord: _____

Phone number of complex or landlord: _____

What date did you move into this rental unit: _____ Monthly rent amount: _____

Is anyone in the household related to the landlord? YES NO If yes, state relationship: _____

Are any utilities included? YES NO If yes, which ones?: _____

EMPLOYMENT HISTORY

| Applicant | Other Adult name: _____ | Other Adult name: _____ |
|------------------------------------|-----------------------------------|-----------------------------------|
| Your most recent employer: | | |
| Date you started work there: _____ | | |
| Date you last worked there: _____ | | |
| Reason not working now: _____ | | |
| _____ | | |
| 2nd most recent employer: | | |
| Date you started work there: _____ | | |
| Date you last worked there: _____ | | |
| Reason not working now: _____ | | |
| _____ | | |

MILITARY SERVICE

| | Applicant | Other Adult | Other Adult |
|--------------------|------------------|--------------------|--------------------|
| Serial Number: | | | |
| Enlistment Date: | | | |
| Branch of Service: | | | |
| Discharge Date: | | | |

CITIZENSHIP

Is everyone in the household a U.S. citizen? YES NO

If no, please explain status by which you are in the U.S.: _____

Applicant's Maiden Name (if married): _____
Household members' relatives (parents, brothers, sisters, grandparents, aunts, uncles) including "step" relatives:

How have they helped?
Are they willing to help?

Name & address of child(ren)'s other parent if not in household:

[illegible]

List below any payments made by any household member to any source in the last thirty (30) days:

[illegible]

If YES, which ones and whose name?

If YES, explain:

OTHER PUBLIC ASSISTANCE**Are you receiving or have you applied for the following:****APPLICANT**

| | | | | |
|--|-----|----|------------------------------|---------------|
| Subsidized Sec. 8, HUD, or other public housing: | YES | NO | Date applied: ____________ | |
| Utility Allotment | YES | NO | Date Applied: ____________ | Amount: _____ |
| Food Stamps | YES | NO | Date Applied: ____________ | Amount: _____ |
| AFDC Welfare | YES | NO | Date Applied: ____________ | Amount: _____ |
| Other Trustee Office | YES | NO | Date Applied: ____________ | Amount: _____ |
| Social Security (any type) | YES | NO | Date Applied: ____________ | Amount: _____ |
| V.A. Benefits (any time) | YES | NO | Date Applied: ____________ | Amount: _____ |
| EAP Utility assistance | YES | NO | Date Applied: ____________ | Amount: _____ |
| FEMA Funds | YES | NO | Date Applied: ____________ | Amount: _____ |
| Unemployment Benefits | YES | NO | Date Applied: ____________ | Amount: _____ |
| Grants/Loans | YES | NO | Date Applied: ____________ | Amount: _____ |
| Any other type of help | YES | NO | Date Applied: ____________ | Amount: _____ |

OTHER ADULT

| | | | | |
|--|-----|----|------------------------------|---------------|
| Subsidized Sec. 8, HUD, or other public housing: | YES | NO | Date applied: ____________ | |
| Utility Allotment | YES | NO | Date Applied: ____________ | Amount: _____ |
| Food Stamps | YES | NO | Date Applied: ____________ | Amount: _____ |
| AFDC Welfare | YES | NO | Date Applied: ____________ | Amount: _____ |
| Other Trustee Office | YES | NO | Date Applied: ____________ | Amount: _____ |
| Social Security (any type) | YES | NO | Date Applied: ____________ | Amount: _____ |
| V.A. Benefits (any time) | YES | NO | Date Applied: ____________ | Amount: _____ |
| EAP Utility assistance | YES | NO | Date Applied: ____________ | Amount: _____ |
| FEMA Funds | YES | NO | Date Applied: ____________ | Amount: _____ |
| Unemployment Benefits | YES | NO | Date Applied: ____________ | Amount: _____ |
| Grants/Loans | YES | NO | Date Applied: ____________ | Amount: _____ |
| Any other type of help | YES | NO | Date Applied: ____________ | Amount: _____ |

OTHER ADULT

| | | | | |
|--|-----|----|------------------------------|---------------|
| Subsidized Sec. 8, HUD, or other public housing: | YES | NO | Date applied: ____________ | |
| Utility Allotment | YES | NO | Date Applied: ____________ | Amount: _____ |
| Food Stamps | YES | NO | Date Applied: ____________ | Amount: _____ |
| AFDC Welfare | YES | NO | Date Applied: ____________ | Amount: _____ |
| Other Trustee Office | YES | NO | Date Applied: ____________ | Amount: _____ |
| Social Security (any type) | YES | NO | Date Applied: ____________ | Amount: _____ |
| V.A. Benefits (any time) | YES | NO | Date Applied: ____________ | Amount: _____ |
| EAP Utility assistance | YES | NO | Date Applied: ____________ | Amount: _____ |
| FEMA Funds | YES | NO | Date Applied: ____________ | Amount: _____ |
| Unemployment Benefits | YES | NO | Date Applied: ____________ | Amount: _____ |
| Grants/Loans | YES | NO | Date Applied: ____________ | Amount: _____ |
| Any other type of help | YES | NO | Date Applied: ____________ | Amount: _____ |

Has anyone in the household been terminated from, refused or had AFDC payments reduced? YES NO

If YES, why? _____

Has anyone in the household ever been convicted of welfare fraud under IC 35-43-5-7? YES NO

If YES, when & where? _____

READ CAREFULLY * NOTICE OF PUBLIC LAW

Indiana Code 12-20-6-9 requires the township trustee to investigate my circumstances, and the cause of my condition. I understand that I am required to cooperate in such investigation. I understand that Indiana Code 12-20-6-8 requires the trustee to notify me of the action taken (approval, denial, pending) on my case within 72 hours (excluding weekends and legal holidays) and that the trustee must retain a copy of each application whether or not relief is granted.

Indiana Code 12-20-16-2 prohibits the Trustee from providing medical assistance if the applicant could qualify for that assistance under the Hospital Care for the indigent Program (IC 12-16). The township may not provide assistance for payment for more than 30 days heating fuel or electric services assistance unless you have applied for assistance from the Division of Disability, Aging, and Rehabilitative Services as stated under IC 12-20-16-3 IC 12-20-6-5 provides that applicants, or a member of the applicant's household, granted emergency poor relief assistance, who may be eligible for other public assistance shall within fifteen (15) working days of the emergency assistance, file an application with the appropriate government agency. If the applicant, or a member of the applicant's household, fails to file within fifteen (15) working days, no further Trustee assistance may be granted for sixty (60) days following the emergency Trustee assistance granted. Applicants for food assistance may not be provided food assistance for more than thirty (30) days unless an application food stamps is filed with the Division of Family and Children. IC 12-20-10-1 provides that if applicants applying for aid are in good health, or if any member of their household are so, the trustee shall require those able to work to seek employment and the trustee shall refuse any aid until the trustee is satisfied that the persons claiming help are endeavoring to find work for themselves. IC 12-20-11-1 requires a recipient or other adult member of the household, with certain exceptions, to do any work needed to be done within the county or an adjoining township in any other county for any governmental unit having jurisdiction in those townships.

I HAVE READ THE ABOVE NOTICE OF PUBLIC LAW._____
Signature of Applicant_____
Signature of Other Adult_____
Signature of Other Adult

Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?

APPLICANT: YES NO

OTHER ADULT: YES NO

OTHER ADULT: YES NO

If no, explain why not: _____

AFFIDAVIT

I certify and affirm under penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and members of my family and household, and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify that I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive poor relief assistance.

Signature of Applicant_____
Signature of Other Adult_____
Signature of Other Adult**NOTE:**

All household members eighteen and older must sign where indicated for application to be complete.

CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

I, _____, Case Number _____, residing at _____, Indiana, consent to the disclosure of the following information to _____, the investigator of poor relief for _____ Township _____ County, Indiana:

Information that will verify my:

1. Countable income.
2. Countable assets.
3. Wasted resources.
4. Relatives capable of providing assistance.
5. Past or present employment.
6. Pending claims or causes of action.
7. A medical condition if relevant to work or workfare requirements.
8. Any other information required by law.

This information may be used only in connection with:

- (1) my application of poor relief from _____ Township _____ County, IN.
- (2) my application for public assistance from the Division of Family and Children county offices and the Office of Medicaid Policy and Planning.
- (3) others (if any) _____

Signature of Applicant

Signature of other Adult

Signature of other Adult

Date Signed

Date Signed

Date Signed

This consent form expires 180 days after the date of signing.

ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY BY THE TOWNSHIP

The undersigned township trustee or employee acknowledges that he/she may, in the course of employment, have access to certain personal information and that such information is to be treated as confidential, and is to be released and exchanged only with agencies related to the undersigned employment by the township in reviewing and investigating this application or as otherwise provided by law.

Trustee or Employee

Date Signed

(THIS PAGE FOR TOWNSHIP USE ONLY)

WORK ORDER:

Given _____ Amount _____ Completed _____

STATISTICAL SUMMARY OF THIS APPLICATION

| Date | # Recipients Rec'v. Benefit | Utility \$ Benefits | Housing \$ Benefits | Food \$ Benefits | Health Care \$ Benefits | Other | Total \$ Benefits |
|-------------|--|--------------------------------|--------------------------------|-----------------------------|------------------------------------|--------------|------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Training Program Referral | Referrals | Workfare Hours | Time Spent on Application |
|--------------------------------------|------------------|-----------------------|--------------------------------------|
| | | | |

CASE RECORD OF INVESTIGATION

Name _____ Case No. _____
(Last) (First) (Middle)

Action taken or to be taken on your request(s) is as follows:

Has been:

☐ Approved as follows without workfare (if certain requirements are met): _____

☐ Approved and in accordance with IC 12-20-10-2 to be worked off at (location): _____
Hours: _____ Obligated adult household member: _____

☐ Partially approved as follows: _____

☐ Partially denied for the following reason(s): _____

☐ Denied for the following reason(s): _____

☐ Pending for an additional seventy-two (72) hours because: _____

COMMENTS: _____

Has been:

☐ Approved as follows without workfare (if certain requirements are met): _____

☐ Approved and in accordance with IC 12-20-10-2 to be worked off at (location): _____
Hours: _____ Obligated adult household member: _____

☐ Partially approved as follows: _____

☐ Partially denied for the following reason(s): _____

☐ Denied for the following reason(s): _____

☐ Pending for an additional seventy-two (72) hours because: _____

COMMENTS: _____

Has been:

☐ Approved as follows without workfare (if certain requirements are met): _____

☐ Approved and in accordance with IC 12-20-10-2 to be worked off at (location): _____
Hours: _____ Obligated adult household member: _____

☐ Partially approved as follows: _____

☐ Partially denied for the following reason(s): _____

☐ Denied for the following reason(s): _____

☐ Pending for an additional seventy-two (72) hours because: _____

COMMENTS: _____

Date of Application: _____ **Time:** _____ **AM/PM**

Township Trustee's Signature

APPEAL RIGHTS AND PROCEDURE

1. The township trustee shall act on your application within seventy-two (72) hours. (Excluding weekends and the State's legal holidays listed in IC 1-1-9) in accordance with IC 12-20-6-7.
2. If you disagree with the action taken on your case, you have a right to appeal to the board of county commissioners. Your request for an appeal should be in writing or orally as may be required by the board of commissioners. The appeal must be made within fifteen (15) days from the date the township trustee denies assistance, if the applicant has been informed of his right to appeal and the procedure for such appeal.
3. The hearing on your appeal may be conducted by the board of county commissioners or by a hearing officer appointed by that board within ten (10) working days after your appeal is received. In hearing the appeal, the board shall be governed by the uniform relief standards of eligibility and need established by the township trustee, to the extent the standards comply with existing law, for granting poor relief in the township.
4. At the hearing of your appeal you shall appear in person, may retain counsel, and may have persons speak in your behalf. This office is also entitled to be represented. However, you have the right to examine any evidence it introduces and to cross-examine its witnesses. You will be notified of the decision of the board within five (5) working days after the hearing.
5. If you wish to appeal the above action, fill out the appeal request form below.
6. Your or the township trustee may appeal a decision of the board of county commissioners to a circuit or superior court in the county. In hearing an appeal, the court shall be governed by uniform relief standards of eligibility and need established by the township trustee for granting poor relief in the township. If legally sufficient standards have not been established, the court shall be guided by the circumstances of the case.

APPEAL REQUEST - POOR RELIEF ACTION

_____ County Board of Commissioners Date: _____

(Address)

You are hereby notified of an appeal to the action by the Township Trustee, _____
Township, _____ County, Indiana, on the
poor relief case of the undersigned, and a hearing is requested for the following reason(s): _____

I certify that the above statements are true and correct to the best of my knowledge and belief.

Name

Street Name and Number or R.R.

Telephone

_____, IN _____
City or Town Zip Code

APPLICATION FOR ADDITIONAL OR CONTINUING TOWNSHIP ASSISTANCE

DATE: _____
 NAME: _____ PHONE: _____
 ADDRESS: _____

*Please do not
write in this
column.*

CASE NO.

Number of persons living at your address: _____
 Since your application with the trustee's office dated _____ has your income, resources or household size changed? YES _____ NO _____
 Are you or anyone else in the household working? YES _____ NO _____
 Are you or any member of your household under a doctor's care? YES _____ NO _____
 Have you/they applied for disability? YES _____ NO _____
 If YES, what is the status of the case? _____

SINCE THE DATE OF YOUR MOST RECENT APPLICATION:

Have you applied for AFDC? YES NO If receiving, give amount: _____
 Have you applied for Food Stamps? YES NO If receiving, give amount: _____
 Have you applied for Unemployment? YES NO If receiving, give amount: _____
 Have you applied for Energy Assistance? YES NO If receiving, give amount: _____
 Have you applied for / received assistance from any other source? YES NO If YES, explain: _____

What has been the household's: **Total Income: \$**_____ **Total Expenses: \$**_____

| TODAY I AM REQUESTING ASSISTANCE WITH THE FOLLOWING: | AMOUNT (\$) REQUESTED | ACTION |
|--|-----------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

INCOME AND EXPENSES

INCOME is any source of benefit to you, or any number of your household, whether money or payment assistance. This includes: work income, AFDC, housing assistance, odd job money, sick pay, relative or church assistance, EAP/Project Safe payments, Worker's Compensation, Social Security benefits, unemployment, child support, vacation pay, tax returns, bartered goods, etc.

EXPENSE is any bill you have already paid or anything on which you used the above income.

| LIST ALL MONEY, INCOME, BENEFITS RECEIVED BY ANYONE IN YOUR HOUSEHOLD IN THE PAST THIRTY (30) DAYS: | AMOUNT (\$) RECEIVED | VERIFIED AMOUNT |
|--|----------------------|-----------------|
| <i>Date Received:</i> _____ <i>Received from:</i> _____ <i>Received for:</i> _____ | | |
| | | |
| | | |
| | | |
| | | |

(OVER)

LIST ALL PURCHASES, EXPENSES, OR BILLS PAID BY YOU OR MEMBERS OF YOUR HOUSEHOLD IN THE PAST THIRTY (30) DAYS:*Please do not write in this column.*

| <i>Paid for:</i> | <i>Date Paid:</i> | <i>Paid to:</i> | AMOUNT (\$) PAID OUT | ALLOWED/ VERIFIED |
|---|-------------------|-----------------|---------------------------------|------------------------------|
| rent/mortgage | | | | |
| electric service | | | | |
| gas service | | | | |
| water service | | | | |
| sewer service | | | | |
| phone payment | | | | |
| food purchased | | | | |
| babysitting/childcare | | | | |
| transportation costs | | | | |
| medical expenses | | | | |
| insurance payment (state type) | | | | |
| household items (specify) | | | | |
| loans/charge payments | | | | |
| other monthly cost (specify) | | | | |
| cable television | | | | |
| other (specify) | | | | |
| other (specify) | | | | |
| Expenses OWED (not paid) at this time: | | | | |
| rent/mortgage amount: | | | | |
| utilities (type and amount owed): | | | | |
| other bills (specify type and amount owed): | | | | |
| | | | | |
| | | | | |

AFFIDAVIT

I affirm under the penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and members of my family and household and has not changed since my last request for assistance other than what has been stated on this form; and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive poor relief assistance.

Applicant Signature _____

Date _____

Other Adult in Household _____

Date _____

Other Adult Signature _____

Date _____

Time of Day: _____ : _____ A.M./P.M.

OFFICE USE ONLY**TOTAL INCOME \$** _____**ALLOWED EXPENSES \$** _____**SURPLUS/DEFICIT****\$** _____**Investigator Notes:** _____

Investigator Signature: _____